

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		District of _____
Case number (If known)		23-13550-amc

Check if this is an amended filing

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family?

Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).

Check all that apply:

- You
 Your spouse
 Your dependents

How many dependents?

Total number of people

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

That person's average monthly net income (take-home pay)

You \$ 0

Your spouse: + \$ _____

Subtotal..... \$ 0

- \$ 0

Total..... \$ 0

3. Do you receive non-cash governmental assistance?

<input checked="" type="checkbox"/> No	Type of assistance
<input type="checkbox"/> Yes, Describe.....	

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?

<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes, Explain.....	

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

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Debtor 1

Connect A Care Network

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2:**Tell the Court About Your Monthly Expenses****6. Estimate your average monthly expenses:**

Include amounts paid by any government assistance that you reported on line 2.

\$ 3100

If you have already filled out *Schedule J, Your Expenses*, copy line 22 from that form.

7. Do these expenses cover anyone who is not included in your family as reported in line 1? No Yes. Identify who.....

<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Identify who.....	

8. Does anyone other than you regularly pay any of these expenses?

If you have already filled out *Schedule I: Your Income*, copy the total from line 11.

 No Yes. How much do you regularly receive as contributions? \$ 3100 monthly**9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?** No Yes. Explain

<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Explain	

Part 3: Tell the Court About Your Property

If you have already filled out *Schedule A/B: Property (Official Form 106A/B)* attach copies to this application and go to Part 4.

10. How much cash do you have?

Examples: Money you have in your wallet, in your home, and on hand when you file this application

Cash:

\$ 0**11. Bank accounts and other deposits of money?**

Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

Checking account:

Institution name: CASH APP Amount: \$ 16.42

Savings account:

\$ 0

Other financial accounts:

\$ 0

Other financial accounts:

\$ 0**12. Your home? (If you own it outright or are purchasing it)**

Examples: House, condominium, manufactured home, or mobile home

Number: 1542 Haines St
 Street: Philadelphia PA 19126
 City: Philadelphia State: PA ZIP Code: 19126

Current value:

\$ 250,00

Amount you owe on mortgage and liens:

\$ 0**13. Other real estate?**

Number: Street:
 City: State: ZIP Code:

Current value:

\$ 0

Amount you owe on mortgage and liens:

\$ 0**14. The vehicles you own?**

Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make: FORD
 Model:
 Year: 2014
 Mileage: 106,000
 Make:
 Model:
 Year:
 Mileage:

Current value:

\$ 4,000

Amount you owe on liens:

\$ 0

Current value:

\$ 4,000

Amount you owe on liens:

\$ 0

Debtor 1

Connect A Care Network

First Name Middle Name Last Name

Case number (if known) _____

15. Other assets?

Do not include household items and clothing.

Describe the other assets:

None

Current value: \$ _____

Amount you owe on liens: \$ _____

16. Money or property due you?

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery

Who owes you the money or property?

LAMMA ONE

How much is owed? Do you believe you will likely receive payment in the next 180 days?

\$ 217,000 No Yes. Explain:

Fraudulent Conveyance

Part 4: Answer These Additional Questions

17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?

 No Yes. Whom did you pay? Check all that apply:

- An attorney
- A bankruptcy petition preparer, paralegal, or typing service
- Someone else _____

How much did you pay?

\$ 0

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?

 No Yes. Whom do you expect to pay? Check all that apply:

- An attorney
- A bankruptcy petition preparer, paralegal, or typing service
- Someone else _____

How much do you expect to pay?

\$ 0

19. Has anyone paid someone on your behalf for services for this case?

 No Yes. Who was paid on your behalf? Check all that apply:

- An attorney
- A bankruptcy petition preparer, paralegal, or typing service
- Someone else _____

Who paid? Check all that apply:

- Parent
- Brother or sister
- Friend
- Pastor or clergy
- Someone else _____

How much did someone else pay?

\$ _____

20. Have you filed for bankruptcy within the last 8 years?

 No Yes. District

Eastern

When 2002 Case number _____

MM/ DD/ YYYY

District _____ When _____ Case number _____

MM/ DD/ YYYY

District _____ When _____ Case number _____

MM/ DD/ YYYY

Part 5: Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

Connect A Care Network /s/ Bonnie R Pettaway

Signature of Debtor 1

Signature of Debtor 2

Date MM / DD / YYYY

Date MM / DD / YYYY